

code **ORIGINAL** STAFF

210

Page _____ of _____ Pages

CLAIMANT'S NAME Karen Baker		Fiscal Year 2008-2009	2008TEC1740	SSN OR EMPLOYEE NUMBER*	DEPARTMENT OPR
POSITION Executive Director		CB/ID NO.: EXEMPT	DIVISION OR BUREAU CaliforniaVolunteers		PCA # 21401
RESIDENCE ADDRESS*			HEADQUARTERS ADDRESS 1110 K Street Suite 210		TELEPHONE NUMBER 916-323-7646
CITY Sacramento	STATE CA	ZIP CODE	CITY Sacramento	STATE CA	ZIP CODE 95814

[illegible]

COLUMN CODE (ACCTG USE ONLY)

CLAIM TOTAL	\$	\$19.80
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(11) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required)

In LA for Stakeholder Kickoff Briefing for the Southern California Catastrophic Earthquake Plan

(12) NORMAL WORK HOURS

(13) PRIVATE VEHICLE LICENSE NUMBER
4ybd289

(14) MILEAGE RATE CLAIMED

AGENCY ACCOUNTING OFFICE
USE ONLY

PAID BY REVOLVING FUND CHECK NUMBER
\$0.55

THEREBY CERTIFY That the above is a true statement of the travel expenses incurred by me in accordance with DPA rules in the service of the State of California. If privately owned vehicle was used, and if mileage rates exceed the minimum rate, I certify that the cost of operating the vehicle was equal to or greater than the rate claimed, and that I have met the requirements as prescribed by SAM Sections 0750, 0751, 0752, 0753, and 0754 pertaining to vehicle safety and seat belt usage.

(15) CLAIMANT'S SIGNATURE

DATE _____

8/5/09

(16) SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT

DATE	DESCRIPTION	AMOUNT	CHECK NO.	BANK	INITIALS
10/1/20
10/2/20
10/3/20
10/4/20
10/5/20
10/6/20
10/7/20
10/8/20
10/9/20
10/10/20
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10/30/20
10/31/20

8.17.09

(17) SPECIAL EXPENSE AUTHORIZATION - SIGNATURE and TITLE (See Item 17 on reverse)

DATE _____